

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ADDENDUM TO ONLINE APPLICATION

REAL ESTATE BROKER, REAL ESTATE SALESPERSON AND TIMESHARE SALESPERSON

APPLICANT INFORMATION:

Last Name	First Name	MI	Former / Maiden Name(s)
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BROKER-EMPLOYER INFORMATION:

Name of broker-employer exactly as it appears on individual, sole proprietor or business entity license
(Do not give the trade name.)

Broker-Employer is: ☐ Sole Proprietor Broker ☐ Business Entity (Corporation, Partnership or Limited Liability Company)

Business address of broker-employer's main office

Street	City	State	Zip Code
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License # of broker-employer

Main office telephone number

(_____)

This statement must be signed by the sole proprietor broker-employer or a licensed broker who is an officer of the corporation, a partner of the partnership or a member of a limited liability company.

THIS IS TO CERTIFY that the broker-employer listed above will assume responsibility for the licensee and that failure to comply with the statutes and rules of the Department may be cause for disciplinary action. If the applicant will be selling timeshares, the broker-employer listed at the top of this page believes that the applicant is competent to act as a timeshare salesperson.

Signature of Broker/Officer/Partner/Member

Print Name of Person Signing Above _____ Date ____ / ____ / ____